



DR. TIFFANY FREY
Executive Director

ADMINISTRATIVE OFFICE:
815 N. LARKIN AVENUE - SUITE 107 | JOLIET, ILLINOIS 60435
phone: 815.741-7777 fax: 815.741-7779

GRACE DOYLE
Assistant Director

PERSONAL LEAVE REQUEST FORM

DATE _____

NAME _____ SCHOOL/BUILDING _____

DATE(S) OF ABSENCE _____

REASON *(WHEN APPLICABLE)* _____

EMPLOYEE'S SIGNATURE _____ DATE _____

SPECIAL ED. ADMINISTRATOR SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ APPROVED DISAPPROVED

(NOTE: EMPLOYEE IS RESPONSIBLE FOR NOTIFYING THE SOWIC OFFICE SHOULD THEY NOT USE THE PERSONAL DAY REQUESTED)

Personal Leave

- B. Personal leave days will not be granted during the first five (5) work days of school, last five (5) work days, and for days immediately before or after a holiday or school vacation. Specific reasons may be provided to the Director covering unusual circumstances and/or emergency situations, whereby such requests may be considered for approval by the Director.
- C. Notification for a personal leave day shall be made to the Director using the proper form at least five (5) working days in advance. In cases of emergency situations, exceptions may be granted.
- D. The employee shall not be required to give explanation of the reason for the leave unless such request violates Part B and / or C above.

MEMBER DISTRICTS:

| CHANNAHON 17 | TROY 30C | LARAWAY 70C | UNION 81 | ROCKDALE 84 |
| BEECHER 200U | ELWOOD 203 | PEOTONE 207U | WILMINGTON 209U | REED-CUSTER 255U |